STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G062	A. BUILDING _____ B. WING _____	07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS PLACE EAST	1829 ROKEBY AVENUE CHESAPEAKE, VA 23320

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments The unannounced Standard Medicaid/Medicare survey was conducted on 06/28/22 through 07/01/22. No corrections are required for compliance with the Emergency Preparedness requirements and with 42 CFR Part 483 Federal Long Term requirements. The Life Safety Code report will follow. The census in this 5 bed facility at the time of the survey was 5. The survey sample consisted of 3 current Individuals (Individual #1 through #3).	E 000		
W 000	INITIAL COMMENTS The unannounced Standard Medicaid/Medicare survey was conducted on 06/28/22 through 07/01/22. Corrections are required for compliance with 42 CFR Part 483 Intermediate Care Facilities for Individuals with Disabilities (ICF/ID) Federal Regulations. The census in this 5 bed facility at the time of the survey was 5. The survey sample consisted of 3 current Individuals (Individual #1 through #3).	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility staff failed to thoroughly investigate a fall in involving one Individual (Individual #3) in the survey sample of 3 individuals. The findings included:	W 154	CIBH will continue to complete a thorough investigation as indicated by W154, Human Rights Regulations, and internal policy by: the collection of interviews, statements, physical evidence, and any pertinent maps, pictures or diagrams, review of all information related to the allegation, resolution of any discrepancies, summary of conclusions, and recommendations for action.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Andrea C. Lane

TITLE: Clinical Supervisor

(X6) DATE: 07/29/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 154	Continued From page 1 Individual #3 was admitted to the facility on 4/9/14 with diagnoses which included Profound Intellectual Disability, spastic diplegia, osteoporosis, bilateral hearing impairment, moderate visual impairment, edema, bilateral glaucoma and seizure disorder. Resident #3 had a fall from a sofa recliner on 02/06/22 which resulted in a "closed displaced fracture of acromial end of left clavicle." A Physical Therapy Fall Risk assessment dated 4/10/21 assessed this individual as being at high risk for falling. A facility incident report dated 2/6/22 indicated: " DST (Direct Service Technician) #1 reported that Individual #3 was sitting on the sofa recliner, DST #1 turned to throw away something in the kitchen (same space as the sofa recliner) and staff heard a noise, a "bump". DST #2 was also identified as present, and was logging his temperature at the entertainment center, with his back turned to Individual #3. When DST #1 turned to the source of the noise, both DST #1 and DST #2 reported observing Individual #3 on the floor in front of the recliner. DST #1 and DST #2 supported Individual #3 up to her wheelchair and assessed for injury, none noted. DST #1 informed the LPN (Licensed Practical Nurse) onsite, who completed a full body assessment including range of motion, there was none noted. DST #1 reported Individual #3 showed no signs of pain after the incident and was moving around in her wheelchair as normal. When morning staff began providing support to Individual they noticed a large bruise on Individual #3's shoulder and neck area. Nursing staff were contacted, and Individual was transported for medical evaluation	W 154	Highlands Place staff will continue to monitor the services and care of all residents, and report allegations of abuse, neglect, exploitation, and other areas of care per agency policy. AOC:7/27/2022	

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W 154	Continued From page 2 and treatment. Individual #3 was diagnosed with a closed displaced fracture of acromial end of left clavicle. Due to the nature of the incident/injury APS (Adult Protective Service) was contacted as well. Injuries: Individual Injured ? Yes Type of Injury: Bruies - Fractures Medical Attention Provided? Yes Description of Medical Treatment Provided & Finding: Individual #3 was observed to have a bruise that started on the morning of 2/7/22 on her shoulder and neck area. Staff transported individual to hospital for assessment. Individual #3 had CT scans and X-rays completed. Individual #3 arm was placed in a sling and she was provided Tylenol and Naproxen for pain. No surgery was required." An Internal Report dated 2/15/22 prepared by the Quality Assurance Analyst indicated: Allegation: " An incident report was received by Continuous Quality Improvement (CQI) on Sunday, 2/6/22 completed by DST #1. DST #1 reported that Individual #3 was relaxing in the recliner with her blanket with her legs elevated for pain. DST #1 identified that DST #2 was present in the room and was documenting his temperature. DST #1 stated she administered Individual #3's medication and when complete Individual "covered her head" with her blanket DST #1 walked into the kitchen to discard the medicine when she heard a "bump". DST #1 noted that Individual #3 had "slid" out of the recliner was "sitting" on the floor. DST #3 documented notifying the LPN and there was no medical treatment needed."	W 154		

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W 154	Continued From page 3 Staff Interviews: DST #2 2/8/22 "When DST #2 walked into the building on 2/6/22, he observed Individual #3 on the sofa recliner with her feet up in the reclined position. DST #2 reported that when Individual #3 is in the recliner per her service plan, she is supposed to be in the reclined position. DST #2 demonstrated to the (sic) writer how DST #2 and DST #1 observed Individual #3 after they heard the "bump". DST #2 laid on the floor in front of the sofa recliner on his left side. The recliner was remained in the upright position." Staff Interview: DST #1 2/9/22 DST #1 reported Individual #3 was "sleeping" in the recliner on 2/6/22 with her feet up and her blanket over her head. DST #1 reported that she woke Individual #3 to give her medication and then turned and walked to the kitchen to discard the medicine cup. Individual #3 placed the blanket back over her head before DST #1 left the sofa area. DST #1 reported that DST #2 had entered the building and was logging his temperature at the entertainment center, with his back to Individual #3. DST #1 stated she put her foot on the trash can step to open the lid and heard a "thump". Reportedly, DST #1 and DST #2 turned and observed Individual #3 on the floor in front of the recliner with the footrest still inclined." DST #1 stated that Individual #3 was lying on her right side, although DST #1 was pointing to her left side. The writer (sic) brought this to DST #1 attention, but DST #1 again stated it was the right side."	W 154		

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W 154	Continued From page 4 Staff Interview: Program Supervisor 2/9/22 "Program Supervisor was asked if there was a protocol that indicated if Individual #3 experienced a fall, staff are required to take Individual #3 for further medical evaluation. Program Supervisor reported no there is not a protocol in place at this time that indicates Individual #3 must be taken for further medical evaluation. Program Supervisor reported that she and supervisory staff are reviewing current protocols and making revisions as needed for incidents involving falls. Additionally, Program Supervisor is reviewing options and obtaining the necessary orders for modifying the sofa recliner with a strap for Individual #3." Documentation Review: Individual #3's service plan completed 11/30/21 with a start date of 5/10/21 noted under goal #2 the following: "Start date: 05/10/21 Target date: 05/09/22 Goal/Desired Outcome #2: Describe Fall risk Individual #3 minimizes her risk of falls Objective (active treatment items that client can help with): Individual #3 is supported by staff to reduce risk of falls due to unsteady gait using her adaptive equipment. (pivot board, gait belt, wheelchair with safety straps, shower chair with safety straps, recliner, bed alarms floor mats, adaptive plate, 2 person support with transfers). Support instructions (Describe how this will be provided based on individual preferences).: Staff will ensure that areas are free and clear of	W 154		

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W 154	Continued From page 5 clutter to reduce risk of falls. Staff will support by ensuring safety straps are properly secured when wheelchair, recliner and shower chair are being utilized. Staff will insure proper use of gait belt when standing to help reduce the risk of falls. Staff will insure floor mats are in place and bed alarms are on and working properly while in bed. Staff will utilize pivot board each time when transferring Individual #3 for safety. Staff will monitor Individual #3 while in the recliner for safety to ensure she does not get up without staff's support. For How often or by when? Daily Responsible Partner: DSP The writer (sic) spoke with Program Supervisor, on 2/11/22 regarding the ISP goal as noted above that indicates a safety strap would be utilized when Individual #3 is in the recliner." During an interview on 6/29/22 at 10:30 a.m. with the Program Supervisor, she was asked how did Individual #3 come out of the recliner in the upright position? The Program Supervisor proceeded to explain and demonstrate by getting into the reclined sofa, that Individual #3 scooted out of the recliner with the recliner in the up right position. When asked how did the recliner remain in the upright position after Individual #3 fell, the Program Supervisor stated she did not know. When asked if the scooting out of the chair was documented in any reports, nursing notes or other clinical notes the Program Supervisor stated, No. During an interview on 6/30/22 at 9:46 a.m. with DST #1, she stated, Individual #3 did not have a	W 154		

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W 154	Continued From page 6 safety strap on the recliner. Individual #3 ISP called for the use of a safety strap but the recliner sofa did not have a safety strap until after Individual #3 had the fall. Individual #3 was observed seated in the sofa recliner with a safety belt on 06/28/22 at 2:40 p.m., two staff supported her into the recliner. A review of the daily records for Individual #3 on 2/6/22 indicated: Individual #3 had an "emergency". There was no mention or documentation of a fall. A review of the nursing notes for Individual #3 on 2/6/22 did not indicate the head to toe nursing assessment after the fall on 2/6/22. A Policy and Procedure Reporting Requirements indicated: Policy- It is the Policy of Highland East to document and report any incident jeopardizing the health, safety and welfare of the individuals we serve. Procedure: Facility staff must immediately report any allegations of Human Rights violations, a suspected crime, mistreatment, neglect, or abuse, including financial exploitation, as well as injuries of an unknown source, to the appropriate sources as established by state and federal laws and regulation. All allegations must be thoroughly investigated and findings submitted with in 5 working days of reported incident.	W 154		
W 242	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for	W 242		

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W 242	Continued From page 7 those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility staff failed to implement a safety strap to prevent falls while seated in a sofa recliner involving one Individual (Individual #3) in the survey sample of 3 individuals. The findings included: Individual #3 was admitted to the facility on 4/9/14 with diagnoses which included Profound Intellectual Disability, spastic diplegia, osteoporosis, bilateral hearing impairment, moderate visual impairment, edema, bilateral glaucoma and seizure disorder. Resident #3 had a fall from a sofa recliner on 02/06/22 which resulted in a "closed displaced fracture of acromial end of left clavicle." A Physical Therapy Fall Risk assessment dated 4/10/21 assessed this individual as being at high risk for falling. Individual #3's service plan completed 11/30/21 with a start date of 5/10/21 noted under goal #2 the following: "Start date: 05/10/21 Target date: 05/09/22 Goal/Desired Outcome #2: Describe Fall risk Individual #3 minimizes her risk of falls	W 242	Highlands Place East's nursing staff obtained a physician's order on 2/14/2022 for safety strap may be use for patient due to fall risk. PCP was updated in accordance with physician's order in February 2022 and signed by AR.The order was not specific to the recliner. The order was clarified on 6/30/2022 to read use of safety strap while in recliner due to fall risk. The Clinician I reviewed the clarifying order and updated PCP with use of safety strap while in recliner with AR. The updated plan was reviewed with staff on 7/1/2022. Highlands Place RN will review all current adaptive equipment physician's order to ensure order is specific to the adaptive equipment being utilized for Individual. After review of orders if clarification of order is needed, the RN will obtain clarifying order. Upon receipt of order the person centered plan will be updated and reviewed with AR for consent by the Clinician I. To minimize the risk of reoccurence, The Clinician III, will review EHR to ensure physician's order has been obtained before prior to update of person centered plan by Clinician III AOC Date: 8/17/2022	

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W 242	Continued From page 8 Objective (active treatment items that client can help with): Individual #3 is supported by staff to reduce risk of falls due to unsteady gait using her adaptive equipment. (pivot board, gait belt, wheelchair with safety straps, shower chair with safety straps, recliner, bed alarms floor mats, adaptive plate, 2 person support with transfers). Support instructions (Describe how this will be provided based on individual preferences).: Staff will ensure that areas are free and clear of clutter to reduce risk of falls. Staff will support by ensuring safety straps are properly secured when wheelchair, recliner and shower chair are being utilized. Staff will insure proper use of gait belt when standing to help reduce the risk of falls. Staff will insure floor mats are in place and bed alarms are on and working properly while in bed. Staff will utilize pivot board each time when transferring Individual #3 for safety. Staff will monitor Individual #3 while in the recliner for safety to ensure she does not get up without staff's support. For How often or by when? Daily Responsible Partner: DSP Individual #3 was observed seated in the sofa recliner with a safety belt on 06/28/22 at 2:40 p.m., two staff supported her into the recliner. During an interview on 06/30/22 at 2:30 p.m. with the Program Supervisor and QIDP (Qualified Intellectual Disability Professional), they stated, the safety strap was on the Individualized Service Plan (ISP) but had not been implemented and secured on the sofa recliner.	W 242		

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W 242	Continued From page 9 The Program Supervisor stated, the recliner sofa was fitted with a safety strap on 2/7/22 following Individual #3's fall which resulted in a fractured clavicle.	W 242		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to ensure the Specially Constituted Committee (SCC) reviewed, approved, and monitored the use of a safety strap to prevent falls while seated in a sofa recliner involving one Individual (Individual #3) in the survey sample of 3 individuals. The findings included: Individual #3 was admitted to the facility on 4/9/14 with diagnoses which included Profound Intellectual Disability, spastic diplegia, osteoporosis, bilateral hearing impairment, moderate visual impairment, edema, bilateral glaucoma and seizure disorder. Resident #3 had a fall from a sofa recliner on 02/06/22 which resulted in a "closed displaced fracture of acromial end of left clavicle." The SCC did not review and approve the use of a safety scrap while Individual #3 was seated in a sofa recliner. A Physical Therapy Fall Risk assessment dated 4/10/21 assessed this individual as being at high	W 262	Highlands Place held a Specially Constituted Committee (SCC) meeting on 3/29/2022 where the original order for use of safety strap due to fall risk was reviewed. The minutes from SCC meeting reflect that use of safety strap while in recliner was was discussed utilizing the original order of use of safety strap due to fall risk; however, the original order did not mention recliner. The order was clarified on 6/30/2022 to specifically state use of strap while in recliner. A Specially Constituted Committee (SCC) was held by Clincian III to review the new clarifying physician order stating safety strap use while in recliner. The SCC approved the package with clarifying order for safety strap while in recliner; and the AR signed the informed consent form. The RN will review all current physician orders of the other 4 individuals residing at Highlands Place East that may affect individuals' behaviors or involve risk to client protectionand rights to ensure physician orders are specific in detailing usage. A SCC meeting will be held on any physician orders needing clarification. As an ongoing measure to minimize the risk, new physician orders upon receipt at facility will be reviewed by RN for potential need of review by SCC. After review if necassry, SCC meeting will be held. AOC Date: 8/17/2022	

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W 262	Continued From page 10 risk for falling. Individual #3's service plan completed 11/30/21 with a start date of 5/10/21 noted under goal #2 the following: "Start date: 05/10/21 Target date: 05/09/22 Goal/Desired Outcome #2: Describe Fall risk Individual #3 minimizes her risk of falls Objective (active treatment items that client can help with): Individual #3 is supported by staff to reduce risk of falls due to unsteady gait using her adaptive equipment. (pivot board, gait belt, wheelchair with safety straps, shower chair with safety straps, recliner, bed alarms floor mats, adaptive plate, 2 person support with transfers). Support instructions (Describe how this will be provided based on individual preferences).: Staff will ensure that areas are free and clear of clutter to reduce risk of falls. Staff will support by ensuring safety straps are properly secured when wheelchair, recliner and shower chair are being utilized. Staff will insure proper use of gait belt when standing to help reduce the risk of falls. Staff will insure floor mats are in place and bed alarms are on and working properly while in bed. Staff will utilize pivot board each time when transferring Individual #3 for safety. Staff will monitor Individual #3 while in the recliner for safety to ensure she does not get up without staff's support. For How often or by when? Daily Responsible Partner: DSP Individual #3 was observed seated in the sofa	W 262		

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W 262	Continued From page 11 recliner with a safety belt on 06/28/22 at 2:40 p.m., two staff supported her into the recliner. During an interview on 06/30/22 at 2:30 p.m. with the Program Supervisor and QIDP (Qualified Intellectual Disability Professional), they stated, the safety strap was on the Individualized Service Plan (ISP) but had not been implemented and secured on the sofa recliner. The Program Supervisor stated, the recliner sofa was fitted with a safety strap on 2/7/22 following Individual #3's fall which resulted in a fractured clavicle. A SCC Plan dated 03/29/22 indicated: Review/Authorization Form: Adaptive Equipment/Protective Devices: Gait Belt Shower Chair with safety strap Harmful chemical supplies locked in storage Wheelchair with safety strap Bed alarms Divided Plate. The SCC plan was approved on 3/29/22. There was no safety strap (adaptive equipment/protective device) while seated in a sofa recliner included in the SCC approved plan. The Program Supervisor stated, that was an oversight leaving the safety strap off of the SCC Plan.	W 262		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed	W 263		

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W 263	Continued From page 12 consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility staff failed to ensure written informed consent of the legal guardian for the use of a safety strap to prevent falls while seated in a sofa recliner involving one Individual (Individual #3) in the survey sample of 3 individuals prior to use. The findings included: Individual #3 was admitted to the facility on 4/9/14 with diagnoses which included Profound Intellectual Disability, spastic diplegia, osteoporosis, bilateral hearing impairment, moderate visual impairment, edema, bilateral glaucoma and seizure disorder. Resident #3 had a fall from a sofa recliner on 02/06/22 which resulted in a "closed displaced fracture of acromial end of left clavicle." The facility staff did not obtain informed consent for the use of a safety scrap while Individual #3 was seated in a sofa recliner. A Physical Therapy Fall Risk assessment dated 4/10/21 assessed this individual as being at high risk for falling. Individual #3's service plan completed 11/30/21 with a start date of 5/10/21 noted under goal #2 the following: "Start date: 05/10/21 Target date: 05/09/22 Goal/Desired Outcome #2: Describe Fall risk Individual #3 minimizes her risk of falls Objective (active treatment items that client can help with):	W 263	The original physician's order stating safety strap may be used due to fall risk was attached to the SCC package of information reviewed and signed by AR in March of 2022. On 7/1/2022, a SCC meeting was conducted to review clarifiying order stating use of safety straps while in recliner. The informed consent for SCC package was updated to include use of safety strap while in recliner by LPN. The RN will review all current informed consent forms attached to SCC packages for the 5 individuals residing at Highlands Place East to ensure informed consent from AR or Legal Guardian has been obtained. To minimize the potential of recurring, the RN will review the entire SCC package of information including Informed consent page for accuracy to ensure no nformation has be omitted prior to AR or Legal Guardian signing of consent. AOC Date: 8/17/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49G062	A. BUILDING _____ B. WING _____	07/01/2022

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W 263	Continued From page 13 Individual #3 is supported by staff to reduce risk of falls due to unsteady gait using her adaptive equipment. (pivot board, gait belt, wheelchair with safety straps, shower chair with safety straps, recliner, bed alarms floor mats, adaptive plate, 2 person support with transfers). Support instructions (Describe how this will be provided based on individual preferences).: Staff will ensure that areas are free and clear of clutter to reduce risk of falls. Staff will support by ensuring safety straps are properly secured when wheelchair, recliner and shower chair are being utilized. Staff will insure proper use of gait belt when standing to help reduce the risk of falls. Staff will insure floor mats are in place and bed alarms are on and working properly while in bed. Staff will utilize pivot board each time when transferring Individual #3 for safety. Staff will monitor Individual #3 while in the recliner for safety to ensure she does not get up without staff's support. For How often or by when? Daily Responsible Partner: DSP Individual #3 was observed seated in the sofa recliner with a safety belt on 06/28/22 at 2:40 p.m., two staff supported her into the recliner. During an interview on 06/30/22 at 2:30 p.m. with the Program Supervisor and QIDP (Qualified Intellectual Disability Professional), they stated, the safety strap was on the Individualized Service Plan (ISP) but had not been implemented and secured on the sofa recliner. The Program Supervisor stated, the recliner sofa was fitted with a safety strap on 2/7/22 following	W 263		

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W 263	Continued From page 14 Individual #3's fall which resulted in a fractured clavicle. A SCC Plan dated 03/29/22 indicated: Review/Authorization Form: Adaptive Equipment/Protective Devices: Gait Belt Shower Chair with safety strap Harmful chemical supplies locked in storage Wheelchair with safety strap Bed alarms Divided Plate. The SCC plan was approved on 3/29/22. There was no safety strap (adaptive equipment/protective device) while seated in a sofa recliner included in the SCC approved plan. The Program Supervisor stated, informed consent had not been obtained prior to use of the safety strap. Nor did the SCC Plan include the safety strap while Individual #3 was seated in the sofa recliner. The safety strap while seated in the recliner was left off of the SCC review/authorization consent form.	W 263	A physician's order was obtained on 2/14/2022 stating safety strap may be used due to fall risk. The order was in relation to a fall Individual #3 had involving sofa recliner. The order was not specific to the recliner. A new clarifying physician's order was obtained on 7/1/2022 by LPN. The new clarifying order was reviewed at SCC meeting on 7/1/2022 and the informed consent form of SCC was signed by AR after reviewing of the new order.	
W 322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3) The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, the facility staff failed to have a physician's order for the use of a safety strap to prevent falls while seated in a sofa recliner involving one Individual (Individual #3) in the survey sample of 3 individuals.	W 322	The RN will review current orders the other 4 individiduals residinh in Highlands Place East to ensure physician's orders involving client protection (such as safety straps)are specific detailing the exact usage of the adaptive equipment. If needed New clarifying orders will be obtained and brought before SCC if necessary. To minimize the potential of physician's orders not being specific, new orders will be review by RN upon receipt at facility to ensure order are detail in the usage of adaptive equipment. AOC Date: 8/17/2022	

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W 322	Continued From page 15 The findings included: Individual #3 was admitted to the facility on 4/9/14 with diagnoses which included Profound Intellectual Disability, spastic diplegia, osteoporosis, bilateral hearing impairment, moderate visual impairment, edema, bilateral glaucoma and seizure disorder. Resident #3 had a fall from a sofa recliner on 02/06/22 which resulted in a "closed displaced fracture of acromial end of left clavicle." The facility staff did not have a physician order for the use of a safety scrap while Individual #3 was seated in a sofa recliner. A Physical Therapy Fall Risk assessment dated 4/10/21 assessed this individual as being at high risk for falling. Individual #3's service plan completed 11/30/21 with a start date of 5/10/21 noted under goal #2 the following: "Start date: 05/10/21 Target date: 05/09/22 Goal/Desired Outcome #2: Describe Fall risk Individual #3 minimizes her risk of falls Objective (active treatment items that client can help with): Individual #3 is supported by staff to reduce risk of falls due to unsteady gait using her adaptive equipment. (pivot board, gait belt, wheelchair with safety straps, shower chair with safety straps, recliner, bed alarms floor mats, adaptive plate, 2 person support with transfers). Support instructions (Describe how this will be provided based on individual preferences).: Staff will ensure that areas are free and clear of	W 322		

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W 322	Continued From page 16 clutter to reduce risk of falls. Staff will support by ensuring safety straps are properly secured when wheelchair, recliner and shower chair are being utilized. Staff will insure proper use of gait belt when standing to help reduce the risk of falls. Staff will insure floor mats are in place and bed alarms are on and working properly while in bed. Staff will utilize pivot board each time when transferring Individual #3 for safety. Staff will monitor Individual #3 while in the recliner for safety to ensure she does not get up without staff's support. For How often or by when? Daily Responsible Partner: DSP Individual #3 was observed seated in the sofa recliner with a safety belt on 06/28/22 at 2:40 p.m., two staff supported her into the recliner. During an interview on 06/30/22 at 2:30 p.m. with the Program Supervisor and QIDP (Qualified Intellectual Disability Professional), they stated, the safety strap was on the Individualized Service Plan (ISP) but had not been implemented and secured on the sofa recliner. When asked if Individual #3 had a physician order for the use of a safety strap while she is seated in the sofa recliner, they stated no. The Program Supervisor stated, the recliner sofa was fitted with a safety strap on 2/7/22 following Individual #3's fall which resulted in a fractured clavicle. A SCC Plan dated 03/29/22 indicated: Review/Authorization Form: Adaptive Equipment/Protective Devices: Gait Belt	W 322		

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W 322	Continued From page 17 Shower Chair with safety strap Harmful chemical supplies locked in storage Wheelchair with safety strap Bed alarms Divided Plate. The SCC plan was approved on 3/29/22. There was no safety strap (adaptive equipment/protective device) while seated in a sofa recliner included in the SCC approved plan. The Program Supervisor stated, that was an oversight leaving the safety strap off of the SCC Plan.	W 322		